

Section I. Executive Summary, Honors, and Partnership Changes

The big news for 2004 is that we published, distributed to partners and unveiled our **State Plan!** Governor Johanns held a press conference to unveil the plan to the public; this was accompanied by press releases carried throughout the state. The program office sent out nearly 500 copies of the plan to interested persons in Nebraska and to our NCCCP colleagues in all the other states, territories and Native American Tribal entities that are engaged in comprehensive cancer control planning or implementation. We distributed about 200 laminated or other copies of the Nebraska Cancer Control Goals and Priority Objectives for 2004-05.

Members of our Advisory Committee participated in the CDC Leadership Institute in Austin, Texas in April. We received many comments about the quality of our commitment and collegiality. Texas coalition partners even dubbed us "the up and coming state in cancer control." We gained new ideas about guiding the partnership-some we have already put into practice! Many ideas remain on the "To Do" list.

With progress comes change. **Eva Serenil, Co-Chair** of our Advisory Committee and Statewide Partnership from the beginning has asked to move out of the leadership role for personal and family reasons. Fortunately, Eva will remain a partner and participate as she can. We have all benefited from Eva's untiring support and leadership. Thanks, Eva, for your commitment and wisdom shared always with a smile! We will miss your guiding hand and are glad to know you remain on the Partnership!

The position sharing arrangement with the Cancer Information Service, Heartland Division, was finalized and **Carmela Sanchez de Jimenez** was recruited and hired. Carmela brings a passion to help underserved communities and a network of supports and ideas that are helping us work toward our goal of eliminating cancer disparities. As Carmela is building her partnership relationships, she is calling on her vast CIS resources to provide educational and other resources materials for providers and consumers alike.

In a similar manner, NCCCP is sharing a nutrition graduate assistant position with the Nebraska Diabetes and Cardiovascular Programs. **Holly Dingman** began her half-time work with us in September. Holly is leading the Healthy Lifestyles-Nutrition work group. She is identifying health educators, dietitians and others who will be delivering nutrition messages throughout the state.

Awards and Celebrations

- The State Board of Health awarded a Certificate of Recognition to Nebraska C.A.R.E.S at a regular board meeting on November 15, 2004 for "promoting cancer awareness, screening and treatment through the Nebraska Comprehensive Cancer Control Statewide Partnership." In presenting the award, Sam Augustine, Ph.D. recognized the excellent collaboration by all of the partners in coming together to identify cancer-related needs and to create a workable action plan that addresses a range of cancer issues and opportunities. Thanks, Sam, for nominating us and for helping others recognize the work that we are doing!
- Nebraska NCCCP was one of only three states selected to receive CDC funded support from the Cancer Research and Prevention Foundation (CRPF) to plan and hold a Dialogue for Action in 2005. An active planning committee is putting finishing touches on the plan. The purpose of the local Dialogue is to bring together physicians and others who can influence colorectal cancer screening decisions. Our Dialogue will be held Friday, April 29, 2005.
- Our CDC optional prostate cancer grant application was approved but not funded. Our request for a colorectal cancer capacity survey was also approved but not funded. We will re-submit both in 2005.

Nebraska C.A.R.E.S Annual Report 2004

Partnership Changes

We continue to recruit new partner organizations and representatives of those organizations. We successfully targeted the cancer centers, local health departments and the State Board of Health during 2004. We also are finding that many of our partner organizations are now involving additional staff in their groups and organizations in projects, work groups and activities. As in the past, our partners participate at various levels--some attend meetings, some review documents, emails, and other communications, and some come forward to work on specific projects. All are welcome and needed!

Advisory Committee Changes:

- Jan Atwood, UNMC College of Nursing is taking a medical leave.
- Steve Frederick moved from HHSS Nebraska Cancer Registry to Lincoln Lancaster County Health Department; he remains on the Partnership.
- Marilyn McGary, Office of Minority Health moved to the Urban League of Nebraska in Omaha. She remains on the Partnership.
- Sharon Turner, Cancer Information Service moved to HRSA in Kansas City, MO. She will be working with Nebraska, Kansas, Missouri and Iowa.
- Kathy Zeitz, Methodist HC System retired and moved to Arizona.

New Partners:

Nebraska C.A.R.E.S grew ***from 134 partners in January 2004 to 209 by the end of December 2004.***

Key changes in the partnership include the following new members:

- Nebraska Board of Health members
- ACoS Accredited Hospital administrators and physician liaisons
- Native American Tribal Council Chairs as well as community health educators
- Local/District Health Departments directors and health educators
- Additional partners from the same organization

A current list of partners and the organizations they represent is included at the end of this report. If you believe your name is incorrectly listed or your contact information is incorrect, please let us know. If you know of others who should be invited to become partners, also let us know.

We are excited that our partnership continues to grow; we encourage each partner to become involved in at least one implementation activity during 2005!

Section II. 2004 Plans and Accomplishments

2004 Plans

- We will unveil the **Comprehensive Cancer Control State Plan** at a Statewide Conference. With Partners, we will have **regional meetings** to widely disseminate the Plan and seek broad participation in implementing our State Plan. We will recruit additional Partners and others to control cancer.
- We will focus our cancer control work on **six goals and 12 priority strategies** during 2004-2005. Our Cancer Control Goals include:
 - ❑ **Eliminate cancer disparities for all Nebraskans.**
 - ❑ **Reduce cancer risks of Nebraskans by reducing behaviors that contribute to cancer and by promoting healthy lifestyles & environment.**
 - ❑ **Increase early detection and appropriate screening for cancer.**
 - ❑ **Increase access to appropriate and effective cancer treatment and ongoing healthcare.**
 - ❑ **Increase understanding of what it means to be a cancer survivor and improve quality of life for those living with cancer.**
 - ❑ **Improve professional and consumer knowledge and understanding of cancer through education and training.**
- We will hold 4 Partnership Meetings, 2 Cancer Center Meetings, and work group meetings as needed. We will participate in state, local and national conferences and workshops to gain current information; we will identify best practice models and provide information through exhibits and presentations.
- With our Partners, we will hold 4-6 **Women, Tobacco and Cancer** meetings in rural communities. We will support our Partners in carrying out other specific projects that support our priority strategies.
- We will work with **local health departments** to build capacity and enhance their cancer control efforts.
- We will **collaborate** with existing chronic disease and wellness programs to identify common ground and initiatives where working together supports the mission of cancer control.
- We will collaborate with the Centers for Disease Control, National Cancer Institute, Cancer Information Service, American Cancer Society and others to maintain state-of-the-art knowledge and information that will be made available to Nebraska residents.
- We will distribute the **Cancer Resource Directory for Nebraskans** throughout the state.
- We will **share our experiences** with other states as well as learn from their experience in developing and implementing their State Plans for Cancer Control.
- We will conduct **research and evaluation** to obtain information that will be used in future decision-making and strategy development.
- We will submit an application for CDC comprehensive cancer control implementation funding.

2004 Accomplishments Related to our Plans

- ***We completed, printed and distributed the State Plan*** to our Partners on June 15 (or by mail shortly thereafter); 50 partners attended this meeting. We unveiled the Plan to the public via Governor Johanns' press conference on October 4 attended by 35 of our partners. We sent the State Plan to program directors in other states, territories and Native American tribes participating in the national Comprehensive Cancer Control Program. Approximately 500 copies of the plan have been distributed.
- We formed Work Groups around the six goals and 12 priority strategies for 2004-05; some groups have begun to implement action plans; other groups are still planning their activities.
Two groups still need group leaders. See Action Plan for 2005 for more details.
- We held one Partnership meeting on June 15, 2004. The meeting, attended by 50 partners, focused on the State Plan goals and objectives as well as planning for implementation.
- Many partners actively contributed ideas, suggestions and needs through strategic and other planning, 1:1 discussions and e-mail. Partners offered feedback about the plan, suggestions for implementation activities and resource information. Work group members and others participated in the budget and grant writing processes and planned the Plan Unveiling event.
- Nebraska C.A.R.E.S, Tobacco Free Nebraska, the Offices of Women's Health, Minority Health and Family Health conducted three Women, Tobacco and Cancer symposia in partnership with local community groups and organizations. The Scottbluff symposia was attended by 70 people, primarily Native American and Hispanic women. The Kearney meeting resulted in strengthening connections between the local tobacco coalition, the cancer center and others. The Columbus meeting resulted in planning to reach women currently served by the local health department. Featured speaker was Joyce Urbom from Lincoln. Small grants were provided to Columbus and Scottsbluff for specific follow up activities identified during the symposia.
- We represented Nebraska C.A.R.E.S at state, local and national meetings, conferences and workshops to gain current information and identify best practice models and provide information through exhibits and presentations:
 - Aberdeen Area Tribal Chairmen's Health Board Cancer Meeting,*
 - CDC Chronic Disease Conference, (1 staff)*
 - CRPF National Dialogue for Action, (2 partners and 1 staff)*
 - CDC Program Directors (NBCCEDP, NCCCP) Meeting and CDC NCCCP Program Directors Meeting,*
 - Cultural Competency Training EWM Training*
 - The 9th Biennial Symposium on Minorities, the Medically Underserved and Cancer, (4 partners and 1 staff)*
 - W VA and CO local Dialogues for Action, (2 partners and 1 staff)*
 - Special Populations and Cancer Conference,*
 - NE Rural Health Conference,*
 - Tumor Registry of Nebraska,*
 - NE Minority Health Annual Conference and*
 - TFN State Coalition Meetings.*
- Nebraska C.A.R.E.S took 13 partners to the Leadership Institute in Austin, Texas sponsored by CDC and its national partners. Purpose of the Institute was to provide intensive training to state comprehensive cancer control coalition leaders. All states and many Native American Tribal entities will participate in Institutes during 2004-2005, 11 states participated in the Texas Institute. ACS, ACoS and CIS were national partners with CDC for the Leadership Institutes.

Nebraska C.A.R.E.S Annual Report 2004

- We invited all district and local health department directors to become part of Nebraska C.A.R.E.S; all are now partners. More recently, we have begun to survey local health department community health educators about their health promotion and consumer education plans and needed resources. Results from the survey will assist us in identifying appropriate cancer awareness and education or other materials that promote our cancer control efforts.
- We awarded nearly \$50,000 in planning/capacity building mini-grants to local health departments including: Central District, Elkhorn Logan Valley, Four Corners, Lincoln-Lancaster, North Central, Northeast and Scottsbluff health departments and the Omaha and Winnebago Tribes. Projects include development of community cancer committees; integration of cancer into community wellness activities; targeting minority and medically underserved populations through cancer focused health fairs.
- We collaborated with existing chronic disease and wellness programs to identify common ground and initiatives where working together supports the mission of cancer control.
 - Specifically, we worked with Tobacco Free Nebraska as described elsewhere in this report, the Cardiovascular Disease (CVD) Program in developing the Physical Activity and Nutrition State Plan, the Asthma Program around clean air policy and activities, Every Woman Matters, Wise Woman, the Nebraska Cancer Registry, the Offices of Family, Minority, and Women's Health. We collaborated with other HHSS programs in developing a health promotion calendar for 2005.
 - Nebraska C.A.R.E.S and the Tobacco Free Program were included as a case study in a recent CDC report: *Integration of Tobacco Control and Chronic Disease, Health Promotion and Health Education Programs in State Public Health Agencies*.
 - Nebraska C.A.R.E.S is co-funding a shared graduate assistant with the Cardiovascular Disease and Diabetes programs. Holly Dingman, M.S., R.D., a Ph.D candidate is building a number of nutrition program components that support the missions of each program. She serves as leader for Healthy Lifestyles-Nutrition work group.
- We collaborated with ACoS, ACS, CDC, CIS/NCI and others to integrate our common agendas, maintain and share state of the art knowledge and information with partners serving Nebraska residents.
 - The Cancer Information Service, Heartland Division and the Nebraska Comprehensive Cancer Control Program co-fund a position that is staffed by Carmela Sanchez de Jimenez. Carmela joined the program in April 2004 following an extensive recruitment process that began in November 2003 and involved consideration of more than 30 applicants. Carmela is focusing on Nebraska C.A.R.E.S. and CIS priorities related to breast and cervical cancer, clinical trials, tobacco control, consumer and professional education, and eliminating cancer health disparities.
 - CIS provided financial support for the Nebraska Minority Health Conference and participated with Nebraska C.A.R.E.S in the Aberdeen Area Tribal Chairmen's Health Board cancer meeting in Rapid City, South Dakota.
 - With CIS, we developed partnership relationships with LLCHD, UNMC Men's Health Program, EWM, OMH, TFN, Urban League, Creighton Women's Outreach. CIS participated in key meetings: PHAN, Native American, Aberdeen Area, Leadership Institute, ICC Cancer/Minority Biannual Conference, CD Special Populations Network Summit, June 15 partnership meeting and the October Press Conference.

Nebraska C.A.R.E.S Annual Report 2004

- Nebraska C.A.R.E.S collaborated with ACoS primarily by supporting the Nebraska Physician Liaison and his ongoing work with the 12 currently accredited cancer centers throughout Nebraska. Targeted recruitment efforts resulted in each cancer center's physician liaison, administrator and cancer registrar becoming partners.
- Nebraska C.A.R.E.S collaborated with the American Cancer Society on numerous activities related to priorities of colorectal cancer screening, tobacco control, consumer and professional education. ACS is a strong advocate for comprehensive cancer control programs nationally and has helped CDC obtain funding for more states to participate in comprehensive cancer control. Locally, ACS advocacy was important for cancer drug repository legislation, tobacco control funding and clean air ordinances. Members of the ACS Heartland Board of Directors as well as staff in Omaha and Lincoln serve on the Partnership.
- We shared our experience with other states and gained information and knowledge from them through the meetings attended (see above list), national surveys, reviewing abstracts, participating in quarterly CDC Chronic Disease Director and CDC National Comprehensive Cancer Control conference calls.
- We contracted with UNL Bureau of Societal Research to develop an evaluation framework; a first priority is to complete an assessment of the comprehensive cancer control planning process.
- Nebraska C.A.R.E.S moved from a planning to an implementation state by completing its State Plan and submitting a successful application to CDC. This resulted in doubling of CDC grant funds to nearly \$300,000. Grant applications were submitted for prostate and colorectal cancer and colorectal cancer capacity assessment. All were approved but not funded.

Other Accomplishments

- The Statewide Partnership is now comprised of **204 individuals designated by 125 local** and statewide groups and organizations. State Board of Health members, all local health departments, twelve accredited and three other cancer centers became partners this year
- Nebraska was selected as one of only three states to plan a 2005 Dialogue for Action aimed at increasing colorectal cancer screening. The planning committee co-chairs are Dr. Ken Cowan, Dr. Alan Thorson Dr. Audrey Paulman, and Dr. Doug Brouillette. Dr. John Bond will be the keynote speaker. Three partners participated in Colorado's Dialogue and one participated in West Virginia's Dialogue to learn more about planning a local Dialogue. Three partners participated in the 2004 National Dialogue for Action; an outcome of attending this meeting was the decision to apply to be a local Dialogue for Action state. Maryland and Ohio are the other 2005 Dialogue states.
- The second annual Cancer Center meeting was sponsored by Nebraska C.A.R.E.S, the ACoS, ACS, Heartland Division, and the CIS, Heartland Division. One outcome of the meeting is the development of a rural communities clinical trials needs assessment that will be conducted by Nebraska C.A.R.E.S and UNMC Eppley Cancer Center.
- Nebraska C.A.R.E.S and UNMC Eppley Cancer Center have formed a grants committee that is working with others to identify and submit grant applications that support state plan goals. The initial focus is in looking for opportunities to apply for funds for projects that strive to eliminate health/cancer disparities.

Nebraska C.A.R.E.S Annual Report 2004

- Nebraska, Iowa, North Dakota and South Dakota, the American Cancer Society, the Indian Health Service and others sponsored the Aberdeen Area Tribal Chairmen's Health Board First Cancer Summit; this Board represents 14 Native American Tribes in four states including the four Nebraska Tribes. The purpose of the meeting was to promote collaboration between state CCC programs and Tribes.
- Nebraska C.A.R.E.S facilitated interactive discussions between the Lincoln-Lancaster Crusade for Cancer, Omaha-Douglas Colorectal Task Force, Every Woman Matters Colorectal Cancer Pilot project and the American Cancer Society. Common components of the colorectal cancer screening projects were identified that could be replicated in other communities. One outcome was submission of a successful application to plan a 2005 Nebraska Dialogue for Action.
- Your program staff, June and Carmela traveled about 33,726 miles to participate in 75 meetings, conferences or training sessions. Carmela made 15 trips to Nebraska communities and 8 out of state trips to Austin, New Orleans, Washington DC, Rapid City and Kansas City. June made trips to 12 Nebraska communities including 23 trips to Omaha and 8 out of state trips including Washington, D.C., Baltimore, Austin, New Orleans, Rapid City, Weston, West Virginia and Denver. Key meetings included the CDC Chronic Disease Conference, NCCCP Program Directors meetings, national, W VA and CO Dialogues for Action, Aberdeen Area Tribal Health Director's Cancer Conference, CDC partners Leadership Institute, and the 9th Biennial Symposium on Minorities, the Medically Underserved & Cancer. Beginning in June 2004, June devoted 20% of her time to the Nebraska Dialogue for Action project. Further, Carmela and June participated in numerous HHSS chronic disease program meetings and discussions to foster relationship development and work on collaborative projects with the Offices of Minority Health, Family Health and Disease Prevention Health Promotion. June reviewed project proposals for the HHSS Cardiovascular, HIV/AIDS, Preventive Health Block Grant, Tobacco Free Nebraska and WiseWoman programs. June was an abstract reviewer for the Chronic Disease Conference and participated in conference calls, surveys and other activities with C-Change, CDC Chronic Disease Directors, CDC National Comprehensive Cancer Control Program and others at the national level. June is serving on the planning committee for the CDC National Cancer Prevention and Control Program Directors meeting in 2005.
- Many individual partners worked on specific projects and activities throughout the year.

Our plans for 2004 included some activities that we did not accomplish:

- We planned to hold 4 partnership meetings; we held one.
- We planned to hold regional meetings to disseminate the Plan and seek broader participation in plan implementation. We did not have any regional meetings although we disseminated the plan widely throughout the state by way of our many partners.
- We planned to hold two cancer center meetings and held only one in October 2004.
- We planned to hold 4-6 Women, Tobacco and Cancer meetings in rural communities. In collaboration with Tobacco Free Nebraska, we held three meetings. We also provided follow up funding and technical assistance to two of the three communities where meetings were held.
- We did not complete and distribute the Cancer Resource Directory. It is now slated for distribution in February 2005.
- Although we began discussions with our evaluation contractor, we did not complete any evaluation components. This will be a priority for the first six months of 2005.
- We budgeted for two graduate assistants to help us accomplish these activities and others; unfortunately, we were not successful in recruiting any graduate students.

Section III. Activities and Projects Planned for 2005 (as of December 2004)

The following activities are planned by the various work groups.

If you want to become involved in any of the work groups or selected activities, please contact the work group leader whose name follows the planned activity list for each goal.

Some work groups still need a leader--Volunteers welcome!

Imagine doubling the list of planned activities during 2005!

Overarching Activities and Projects:

- Continue to expand and maintain Statewide Partnership.
- Plan and convene first Annual Cancer Conference in Fall 2005.
- Build Nebraska C.A.R.E.S website for information sharing and to enhance partnership interaction.
- Apply for CDC continuing funding to support State Plan implementation.
- Continue to identify and seek additional funding sources with joint Nebraska C.A.R.E.S/UNMC Research committee and others to support State Plan implementation.
- Complete planning evaluation with UNL Bureau of Sociologic Research.
- Continue to work toward elimination of cancer disparities in Nebraska.
- Continue to work toward achievement of cancer related goals and priority objectives for 2004-05.

Goal 1: Eliminate Cancer Disparities for all Nebraskans.

Objective 1.2. Evaluate transportation, insurance and other barriers to cancer screening/early detection, diagnosis, treatment, palliative care, and end of life care and develop a plan for aggressively addressing these barriers.

Objective 1.6. Develop and distribute a Cancer Resource Directory that includes cancer care options and local/national resources and organizations.

- Continue to identify disparities and barriers to cancer screening/early detection, diagnosis, treatment, palliative care, and end of life care and continue to address these barriers.
- Continue to provide partners with evidence-based cancer awareness for groups with special needs or barriers, including racial, ethnic, rural and medically underserved populations.
- Provide partners with assistance in clinical trials education, raising awareness of clinical trials and promoting accrual in clinical trials, especially among rural, ethnic, racial and medically underserved communities throughout Nebraska.

- Identify, develop and maintain partnerships to work on tobacco control projects (education, prevention, and cessation) that reach Native American populations.
- Encourage potential and existing partners to develop new or enhance existing breast and cervical cancer education (prevention, early detection, and treatment of breast and cervical cancer) targeting Hispanic and African American women.
- Assist partners with planning, developing, and maintaining cancer control projects in rural areas.
- Continue to identify or develop products and disseminate information on health care options, local/national resources and organizations that serve ethnic, racial, rural or medically underserved areas.
- Continue to offer partners basic CIS support by disseminating information, promoting products and services, and raising awareness about cancer.
- Continue to offer partners technical assistance with program planning, implementation, and evaluation; cancer resources and referrals; coalition building and networking; and training.

Work Group Leader: *Carmela Sanchez de Jimenez.*

Contact her at carmela.sanchezdejimenez@hhss.ne.gov

Goal 2: Reduce cancer risks by reducing behaviors that contribute to cancer and by promoting healthy lifestyles and environment.

Objective 2.2. Partner with existing groups including Tobacco Free Nebraska, Smokeless Nebraska Coalitions, County/District Health Departments, ACS and CIS to support/protect tobacco elimination policies and activities.

- More aggressively promote ACS, CIS and TFN tobacco control projects and activities.
- Continue to promote clean air through policy changes, community ordinances, media messages, and other related activities. Target communities: Grand Island, Kearney, Lincoln, North Platte, Omaha, and Scottsbluff.
- Plan and convene Women, Tobacco and Cancer symposia in at least three new communities; support Scottsbluff and Columbus in 2004 symposia follow up activities.
- Participate in planning and supporting Women's Health Symposium; advocate for women, tobacco and cancer presentation and/or distribute educational materials.
- Collaborate with other partners engaged in tobacco control, e.g. ACS, CIS, to promote use of their educational materials.
- Identify other resources in Nebraska and nationally that promote/support tobacco control and cancer control and determine opportunities for improved collaboration.

Nebraska C.A.R.E.S Annual Report 2004

- Incorporate tobacco control into Nebraska C.A.R.E.S partnership activities with groups and organizations serving rural, underserved and minority communities, focusing on eliminating cancer disparities among these population groups.
- Support smoking cessation work projects conducted by five district health departments that received TFN mini-grants: Lincoln/Lancaster, Loup Basin, Panhandle, North Central and Southwest Nebraska district health departments.
- Promote Smoking Cessation Hotlines-CIS and TFN Quit Line as it is established.
- Promote smoke free schools (including school grounds) policies.

Work Group Leader: Mary Jo Gillespie. Contact her at mjgillespie@neb.rr.com

- **Objective 2.4. Collaborate with Partners, public/private health agencies and providers to implement an ethnically and culturally appropriate statewide information and education campaign to increase awareness about the links between diet, physical activity and cancer, including the importance of maintaining a diet rich in fruits and vegetables and low in fat, participating in physical activities, and maintaining a healthy body weight.**
- Complete district health department community health educator survey to identify consumer education, planned health promotion activities and resource needs.
- Develop monthly nutrition messages that will be made available to all partners. Target: community health educators in all district health departments and cancer centers.
- Promote national nutrition campaigns, e.g. Three a Day, Five a Day, Nine a Day, National Nutrition Month and others.
- Develop and distribute list of credible nutrition resources including websites, national and state organizations, professional associations, food and nutrition programs.
- Develop and distribute list of nutrition resources that have consumer education materials available at no or low cost that includes resources targeted to specific populations.
- Develop nutrition fact sheets and other reports as indicated from health educator surveys.
- Develop and distribute no- or low-cost resource list for cancer patients and their families.
- Develop cancer fact sheets and other reports on specific nutrition subjects, e.g., loss of appetite related to chemotherapy.

Work Group Leader: Holly Dingman. Contact her at holly.dingman@hhss.ne.gov

Goal 3: Increase early detection and appropriate screening for cancer.

Objective 3.2 Collaborate with partners, State programs such as Office of Woman's Health, Every Woman Matters, and County/District Health departments to promote early detection and cancer screening initiatives, through a comprehensive statewide multimedia campaign utilizing social marketing strategies.

- Sponsor display of the *Colossal Colon* in collaboration with Omaha-Douglas Colon Cancer Task Force February 10-13 at Westroads Shopping Center in Omaha. ***All partners are invited to visit this unusual display and learn more about how colon cancer develops.***
- Provide resources and support to St. Elizabeth Regional Health Center's health fairs including February 26 fair that will focus on colorectal cancer awareness and screening.
- In collaboration with ACS and ACoS, distribute "Colorectal Cancer Prevention and Early Detection" (continuing medical education activity DVD) to 2020 clinicians throughout Nebraska
- Support the work of the Omaha-Douglas Colon Task Force and the Lincoln/Lancaster Crusade against Cancer, Colorectal Task Force in their efforts to raise awareness and increase colorectal cancer screening through distribution of FOBT kits, increasing consumer and provider awareness, offering a newspaper supplement in the Omaha World Herald, offering a speaker's bureau and other activities. Continue to identify ways in which these and other screening projects might be replicated in other Nebraska communities.
- Plan and convene *Nebraska Dialogue for Action* to bring together family practice physicians, gastroenterologists, physician assistants, certified registered nurse practitioners and others to develop an action plan for increasing colorectal cancer screening in Nebraska. This by invitation only meeting will be held April 29, 2005, at the Lodge at Wilderness Ridge in Lincoln.
- Promote colorectal cancer awareness and screening through focused campaigns including the CDC March 2005 National *Screen for Life* media campaign.
- Promote policies and practices that increase access to colorectal cancer screening in collaboration with ACS and other partners.
- Promote recognition and use of national colorectal cancer symbol.
- Work with CIMRO to plan for implementing CRC Screening Indicator.
- Work with managed care organizations to plan for implementing HEDIS CRC indicator.
- Identify the potential to work with the University of Colorado which has conducted research on use of targeted mailings to increase colorectal cancer screening, particularly among rural residents and the elderly.
- Support Every Woman Matters and Wise Woman programs in their efforts to increase breast and cervical cancer screening among women; support colorectal cancer screening for EWM clients and their spouse/significant other age 50 and over for colorectal cancer screening.

Nebraska C.A.R.E.S Annual Report 2004

- Promote use of ACS, CDC, CIS, CRPF and other partner educational materials for consumers and health care professionals.
- Incorporate cancer awareness and screening into other activities carried out in collaboration with partners serving rural, minority and underserved communities throughout Nebraska.
- Identify potential research grants re: eliminating disparities in collaboration with UNMC/Nebraska CARES research committee.
- Plan/conduct survey of cancer centers to identify screening events planned for 2005; offer technical assistance, support and resources as appropriate.
- Provide Mini Grants to Cancer Centers to support implementation of screening, early detection and other State Plan goals and 2004-05 objectives.
- Develop and submit optional colorectal cancer grant application to CDC.
- Develop and submit colorectal cancer screening capacity grant application to CDC.
- Develop and submit optional prostate cancer screening grant application to CDC.
- Investigate potential for research or other funding to study barriers to cancer screening, particularly colorectal and prostate screening.
- Pilot ACS "Get Your Screen Test" tool (Kearney, Omaha, NE Nebraska, and North Platte)
- Identify cancer clinical trials in which patients and their physicians may enroll.
- Promote screening by insurance companies and managed care organizations.
- Identify potential for joint projects with other partners, e.g. AARP, NE Health Ministries to raise awareness about screening and early detection.

Work Group Leader: *Tracy Wiseman.* Contact her at tracy.wiseman@cancer.org

Goal 4: Increase access to appropriate and effective cancer treatment and ongoing healthcare.

Objective 4.8 Support the development of networks of cancer specialists who can provide diagnostic and treatment consultation to primary care physicians and other health care providers in medically underserved areas.

- Raise awareness about the existence and roles of the accredited cancer centers throughout Nebraska. Support and promote the work of the ACoS Nebraska Physician Liaison.
- Support non-accredited cancer centers that are seeking and obtaining accreditation by the American College of Surgeons Commission on Cancer. (ACoS COC.)

Nebraska C.A.R.E.S Annual Report 2004

- Raise awareness about the connectivity between metropolitan hospital systems and their rural partners.
- In collaboration with ACoS and ACS, convene the third annual meeting of cancer centers to discuss topics and issues of importance to the centers.
- Consider the development of a resource guide for physicians and other health care practitioners.
- Promote the use of Cancer Control Planet as a way to help cancer specialists connect with peers and cancer experts across the country.

Work group leader: June Ryan. Contact her at june.ryan@hhss.ne.gov.

Objective 4.11 Increase the number of Nebraska cancer patients who participate in appropriate clinical trials.

- Conduct survey of cancer centers to identify barriers for physicians and their patients to enrolling in clinical trials. Seek 100% participation in survey. Survey will also seek information about current clinical trial participation and interest. If indicated from feedback, establish a clinical trials work group to determine further actions.
- Promote consumer and health care practitioner clinical trials information available from partners, e.g. ACS, CIS.
- Investigate potential research or other grant funding to study barriers to clinical trials enrollment.

Work group leader: June Ryan. Contact her at june.ryan@hhss.ne.gov

Goal 5: Increase understanding of what it means to be a cancer survivor and improve quality of life for those living with cancer.

Objective 5.2 Demonstrate increased availability, accessibility, awareness, and use of palliative care and resources that address patient, family, and workplace quality of life issues on each dimension: physical, emotional, spiritual, and social.

Objective 5.4 Increase the awareness, availability and use of cancer patient and family support services during active treatment.

- Develop cancer survivor speaker list.
- Identify ways to support CDC and NCI's focus on survivorship as a priority area to improve health outcomes and quality of life for cancer survivors through education, research, outreach, and advocacy. Promote NCI's survivorship education series for cancer survivors-the *Facing Forward Series*.
- Identify ways to work with the Lance Armstrong Foundation to utilize its resources and consider applying for appropriate grants and other funding. Note that Good Samaritan Hospital in Kearney received a LAF grant last year. ***Imagine other cancer centers receiving such grants.***

Nebraska C.A.R.E.S Annual Report 2004

- Respond to numerous requests that Nebraska C.A.R.E.S distribute Lance Armstrong Live Strong yellow bracelets. (LAF reported earning \$27 million for research through these bracelet sales!)
- Complete and distribute the Cancer Resource Directory. Continue to identify cancer support programs and services available to patients throughout Nebraska.
- In collaboration with the Nebraska Hospice and Palliative Care Association and the Nebraska Coalition for Compassionate Care,
 - Support establishment of a Nebraska End of Life Education Consortium.
 - Support creation of a plan to provide training on end of life issues for staff of Nebraska's Area Agencies on Aging, the Nebraska Respite Network, Nebraska C.A.R.E.S. Partners and others.
 - Support establishment and coordination of a statewide initiative to encourage end of life decision-making before a crisis by promoting the use of advance directives and conversations about them with families, physician, and clergy.
 - Collaborate on training on end of life issues for staff of Nebraska's nursing facilities.

Work group leader for palliative care and end of life issues is Jon Krutz. Contact him at NebraskaHospice@aol.com

Note: We are looking for a group leader to work on the survivorship and quality of life for those living with cancer issues. Imagine tripling these activities through effective leadership!

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- **Goal 6: Improve professional and consumer knowledge and understanding of cancer through education and training.**
 - **Objective 6.1 Promote and provide targeted, relevant and effective professional continuing education programs on cancer-related topics with special emphasis on practitioners in rural and underserved areas, to enhance knowledge, skills and practices.**
 - **Objective 6.2 Promote and facilitate the distribution of cancer information, including benefits of screening and cancer diagnostic, treatment and support resources, to patients, providers, and the public, with an emphasis on distributing the information to racial and ethnic groups more adversely affected by cancer, low literacy populations and rural residents.**
 - Conduct surveys of health departments and cancer centers re: health promotion events and resource needs.
 - Promote use of partner educational resources and materials, e.g. ACS, CDC, CIS, and others for consumer and health care professional education and training. Target: district health departments, cancer centers, other partners.
 - Develop and distribute cancer education resource lists including websites and materials.
 - Develop and distribute Partner Fact Sheets. Target: cancer centers, district health departments, other partners.